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## Evaluation of Contra Costa County's MHSA Three Year Expenditure Plan

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### **INTRODUCTION:**

The following identifies issues for future oversight by the Commission, provides comments intended to inform the continuing work of the Commission, Contra Costa County, and the Department of Mental Health, and raises questions appropriate to the review process by the Department of Mental Health.

The plan includes three full service partnerships and three system development projects. The children, transition age youth and adult programs are targeted to initially provide service to 15, 20 and 30 consumers, respectively, and expand to service levels of 100, 135 and 150 by year three. The county notes that the program for older adults is placed under system development as the county currently lacks the infrastructure to support a full service partnership for this population at this time. Outreach and Engagement costs and activities are included in the FSP programs, and the Older Adult System Development program.

### **Consumer and Family Involvement**

Contra Costa had an extensive and formally developed planning process (1100 persons participated and provided input). Outreach was coordinated through a Consumer Involvement Steering Committee that was formed by the Office of Consumer Empowerment of the CCMH. Four Stakeholder Planning Groups developed the recommendations and more than one-quarter of the participants identified themselves as consumers/family members.

CCMH will maintain ongoing consumer and family member involvement by working with Stakeholders through the plan review process. A subgroup of each age-specific Stakeholder Planning Group forms an ongoing Stakeholders Advisory Committee. Consumers and family members will comprise at least one-quarter of these members.

Concerns: Although the planning process appears to be comprehensive and inclusive of consumers and family members, there was no identification of ethnic and cultural diversity among consumer and family member participants in the planning process.

Although the plan cites a Reducing Health Disparities Initiative undertaken by the County Health Department (and it appears that this effort is strong), the plan itself did not fully describe whether and how participants match the demographics of the county.

**Fully Served, Underserved/Inappropriately Served, And Unserved:**

The Plan candidly provides an analyses of the problems with the estimates they provide: they note the variable growth rate in sub-populations; and the likely undercount of homeless and institutionalized populations. Further, given the cost of living in the county, they believe that the appropriate cutoff level for those needing public mental health services would be 300% of poverty (not 200% of poverty).

Concerns: The county did not explain its definition of service levels (fully served, inappropriately served, underserved) in the Plan. In the discussion with DMH, they indicated that they counted children and youth enrolled in their wraparound program, and adults with a case manager (their case managers have a 1:20 ratio) as fully served. The CSS Committee anticipates adjusted estimates of these populations in subsequent updates.

The plan includes an analysis of racial and ethnic disparities in its discussion of community issue selection. Asian Pacific Islanders and Latinos are least well served. Future plan development should include more refined analysis of the population, and a focus on gender disparities.

The committee requests to be informed regarding the progress of the rebuilding of the service system for Older Adults.

The committee requests that the county provide the number of residents who are receiving treatment outside of Contra Costa County and information regarding the county's strategy to return them to Contra Costa.

**Wellness/Recovery/Resilience:**

Overall, the programs show a good grasp of wellness and recovery, the use of proven models, and client/staff ratios that are consistent with recovery. The concentration of resources on housing reflects overwhelming local input and support. The CSS Committee is encouraged to see that the Children, TAY, Adults and Older Adult programs all involve the development of a multidisciplinary team and that the team construction for Older Adults is strong. New elements include integration of CBO and county staff in teams; increased family supports and peer supports for each team, and includes teen peer mentors in the children's program. The FSP programs demonstrate a single point of responsibility for clients. The older adult program will not be an FSP until year 4 or 5, but will be integrated with health services, developed with community partnerships, and will use a client specific care plan.

Concerns: The county appears to be contracting out a lot of their services, but keeping psychiatric services in-house. The Committee encourages the county to enhance the ability of their community providers to sustain their own psychiatric staff. The Committee is concerned that the proposed structure may hamper the county's ability to meet the needs of their culturally diverse population and requests additional information.

There did not appear to be a juvenile justice representative on the children's committee. This should be remedied with a stronger collaborative tie to juvenile justice in implementation. Additionally, although the community process included numerous school representatives the Committee believes that schools should be more specifically involved in outreach and implementation of the children's program.

Although the county has had federal funding for some time for a wraparound project, and currently serves 15 children in the SB 163 program, the plan did not specify how its current and planned children's program fit with the SB 163 program. Additionally, it is unclear what the county is doing to bring out-of-county children home or if the county will aggressively seek eligibility for enrolled children in Medi-Cal. The committee requests clarification on these issues.

The committee concurs with the Board of Supervisors plan for the expansion of eligibility of adults to include those at imminent risk of homelessness. However, there is a concern that this level of investment is very likely not sustainable.

The plan does not specify how the county will do aggressive prescreening and early identification of mental illness. The committee suggests that the county target identification pre-criminal justice involvement and use 911 calls to identify. There is the need to track the extent to which prescreening and early identification prevents criminal justice involvement. The plan also does not specify how it will track the prevention of homelessness through aggressive identification. Subsequent reporting should include this.

The Plan does not articulate transformational training required or put specifics into this component. Information regarding gender-specific services is lacking, although the need is acknowledged. Future specifics about these components are requested.

### **Education and Training and Workforce Development**

The plan anticipates that the majority of new positions will be contracted and they have substantial need for bilingual expertise, especially for Asian and Pacific Islander languages. CCMH is part of the Bay Area Workforce Development Collaborative, and they anticipate that this collaborative will assist both themselves and their contractors.

The plan includes objectives for cultural competency hiring and outreach and engagement. The objectives are not specific, however, it is noted that the county's cultural competency plan is more specific.

Concerns: Although the plan includes specific minimum hiring goals for each workplan, the plan does not specify how clients and family members will be identified and trained. The committee is concerned at the apparent discrepancy between the pay for employees and consumer-employees and would appreciate clarification on this issue.

### **Collaboration:**

The plan shows evidence of a broad range of collaborators in the development of the plan, and its implementation. They plan specific county/CBO integration on multidisciplinary service teams in their FSPs. In the DMH meeting, they indicated a Bay Area collaborative effort to meet the needs of victims of torture, hearing impaired, and

Native Americans. Specific plans to retain stakeholders through the planning into implementation are included and specific inclusion of natural community groups in outreach and engagement and locally based CBOs to implement programs are planned.

The Committee appreciates the utilization of CBO's in Outreach and Engagement and program development. The committee would like to request updates regarding how the county will navigate the bureaucratic infrastructure to fully implement joint CBO/county teams and utilization of mobile intervention and crisis intervention.

The Plan includes an expansive list of current collaborative relationships, and potential new collaborative partners in the Far East County area. If they reach out to this broad range, they will have expanded their collaborative relationships substantially (p. 52)

Concerns: The relationship with law enforcement seems atrophied. County should move to strengthen and embed the recovery model with their other treatment systems – health, law enforcement, housing, medical treatment, substance abuse treatment. These linkages will be especially important for the 60% of persons contacted by the Full Service Partnership programs who will not be enrolled.

The leveraging of dollars is very limited in the Plan discussion. This is especially important regarding the county's commendable housing effort.

## **CONCLUSION**

The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine

medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.